A	B C	D	Е	F	G	Н	I J	K	L	M N	1 0	Р	Q	R	S	T I) V	Х	Y
_	Unified Rate Re	eview v2.0.4																	
2				ı															
	Company Legal	Name:	Bluegrass Fam	ily Health, Inc.	State:	KY													
	HIOS Issuer ID:		40586		Market:	Small Group													
5	Effective Date of	of Rate Change(s):	1/1/2016																
6 7																			
8	Market Level Calcu	lations (Same for all PI	ans)																
9																			
10																			
-	Section I: Experience		4 /4 /204 4		42/24/2044														
12	Experience Period:		1/1/2014		12/31/2014														
13				Experience Period Aggregate Amount	PMPM	% of Prem													
	Premiums (net of N	MLR Rebate) in Experie	nce Period:	\$19,464,105	\$308.27	100.00%													
	Incurred Claims in			\$21,246,850	336.50	109.16%													
16	Allowed Claims:			\$26,760,322	423.83	137.49%													
	Index Rate of Expe	rience Period			\$423.83														
18	Experience Period	Member Months		63,140															
19 20	Castian II. Allania	Claims DRADRA hasis																	
21	Section II: Allowed	Claims, PMPM basis		Experience	Period		Proje	ction Period:	1/1/201	6 to	12/31/2016	Mic	d-noint to Mid	-noint Evnerie	nce to Projection:	24 r	nonths		
21				Experience	Fellou			Experience	Annualize		12/31/2010	IVIIC	a-point to iviid	-point, experie	ice to Projection.	24 1	HOHEHS	-	
22				on Actual Exper	ience Allowed			ion Period	Fact		Projections, b	efore credibility	Adjustment		Credibility Manua	1			
			Utilization	Utilization per	Average		Pop'l risk				Utilization per	Average		Utilization	Average				
23	Benefit Cate	gory	Description	1,000	Cost/Service	PMPM	Morbidity	Other	Cost	Util	1,000	Cost/Service	PMPM	per 1,000	Cost/Service	PMPM			
24	Inpatient Hos	•	Days	193.10	\$6,367.82	\$102.47	1.019	0.922	1.075	1.005	198.79	\$6,787.40	\$112.44	1.00	\$1.00	\$0.00			
25	Outpatient H	ospital	Visits	1,052.72	1,485.56	130.32	1.019	0.922	1.060	1.005	1,083.76	1,539.60	139.05	1.00	1.00	0.00			
26	Professional Other Medica	si.	Other Other	6,814.09 1,235.01	179.32 176.44	101.82 18.16	1.019 1.019	0.922 0.922	1.050 1.040	1.005 1.010	7,015.00 1,284.14	182.35 176.03	106.60 18.84	1.00 1.00	1.00 1.00	0.00 0.00			
28	Capitation	31	Benefit Period	12,000.00	2.62	2.62	1.000	1.000	1.040	1.000	12,000.00	2.84	2.84	1.00	1.00	0.00			
24 25 26 27 28 29	Prescription [Drug	Prescriptions	11,556.41	70.84	68.22	1.019	0.867	1.090	1.044	12,850.55	72.95	78.12	1.00	1.00	0.00			
30	Total					\$423.61							\$457.89			\$0.00			
31																	After Credibility	Projected Period To	otals
32	Section III: Projecte	ed Experience:				Projected Allowed					cable)		100.00%			0.00%	\$457.89	\$28,921	,441
32 33 34 35 36 37 38 40 41 42 43 44 45 46 47										ection Period							0.703	40	
34							Projected In Projected Ri			rein & Risk Ad	jτ, PMPM						\$321.85 -0.15	\$20,329),241),474)
36							-	-		einsurance rec	overies, net of rein	nrem PMPM					\$322.00	\$20,338	
37										net of rein pre		p. Citi, i ivir ivi					-2.25		
38						Projected Incurred			,								\$324.25	\$20,480	
40						Administrative Exp										12.59%	48.98	3,093	1 451
41						Profit & Risk Load	c 2000									2.00%	7.78		,370
42						Taxes & Fees										2.05%	7.96		2,845
43						Single Risk Pool Gr		g. Rate, PMP	М								\$388.97	\$24,568	3,498
44						Index Rate for Proj											\$473.98		
45							% increase c		e Period								26.18%		
40						Projected Membe	% Increase, a	ımuanzea:									12.33%		3,163
48						Sjeeted Hiembe													,_33
П																			
	Information Not	t Releasable to the Pub	olic Unless Authoriz	ed by Law: This info	ormation has no	t been publically d	isclosed and m	ay be privilege	ed and confid	lential. It is fo	r internal governme	nt use only and n	nust not be						
49				to persons not auti															
50																			

Effective Date of Rate Change(s):

Company Legal Name:	Bluegrass Family Health, Inc.
HIOS Issuer ID:	40586

1/1/2016

Product/Plan Level Calculations

Section I: General Product and Plan Information

			HSA with	HSA with	HSA with						
		Terminated	Employer	Employer	Employer						
Product		Products	Contribution	Contribution	Contribution						
Product ID:		40586KY564	40586KY547	40586KY547	40586KY547						
Metal:		Catastrophic	Platinum	Gold	Platinum	Gold	Gold	Gold	Silver	Silver	Gold
AV Metal Value		0.000	0.890	0.806	0.884	0.801	0.811	0.819	0.712	0.709	0.791
AV Pricing Value		0.000	0.859	0.789	0.956	0.777	0.816	0.812	0.777	0.734	0.881
Plan Type:		PPO	PPO	PPO							
			Platinum HSA	Bluegrass Gold	Platinum HSA	Bluegrass Gold	Bluegrass Gold	Bluegrass Gold	Bluegrass Silver	Bluegrass Silver	Bluegrass Gold
Plan Name		Terminated	2800 10%	HSA 2800 20%	1900 0%	HSA 2800 30%	HSA 2800 10%	HSA 3000 10%	HSA 2800 10%	HSA 2800 30%	HSA 2500 0%
		Products	Embedded Plan	Embedded Plan	Aggregate Plan	Embedded Plan	Embedded Plan	Embedded Plan	Embedded Plan	Embedded Plan	Aggregate Plan
Plan ID (Standard Component ID):		40586KY5640011	40586KY5470007	40586KY5470005	40586KY5470035	40586KY5470006	40586KY5470036	40586KY5470037	40586KY5470004	40586KY5470033	40586KY5470032
Exchange Plan?		No	Yes	Yes	Yes	No	No	No	Yes	No	No
Historical Rate Increase - Calendar Year - 2		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year - 1		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year 0		0.00%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%
Effective Date of Proposed Rates		1/1/2015	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)		0.00%	-8.12%	-1.68%	16.63%	-3.75%	1.53%	-2.05%	10.23%	4.02%	22.57%
Cum'tive Rate Change % (over 12 mos prior)		-999.00%	-8.12%	-1.68%	16.63%	-3.75%	1.53%	-2.05%	10.23%	4.02%	22.57%
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	#DIV/0!	#DIV/0!	#DIV/0!						
Product Threshold Rate Increase %	_	0.00%	-8.13%	-1.69%	16.63%	-3.76%	1.52%	-2.06%	10.22%	4.02%	22.57%

State: Market:

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	40586KY5640011	40586KY5470007	40586KY5470005	40586KY5470035	40586KY5470006	40586KY5470036	40586KY5470037	40586KY5470004	40586KY5470033	40586KY5470032
Inpatient	\$0.00	\$0.00	-\$2.88	\$0.77	\$15.11	-\$1.00	\$3.38	\$1.05	\$7.49	\$3.00	\$16.09
Outpatient	\$0.00	\$0.00	-\$31.30	-\$22.36	-\$4.97	-\$24.42	-\$19.33	-\$23.07	-\$11.09	-\$16.28	-\$0.68
Professional	\$0.00	\$0.00	\$7.34	\$11.57	\$29.04	\$10.44	\$14.12	\$11.31	\$18.44	\$14.43	\$29.21
Prescription Drug	\$0.00	\$0.00	\$19.72	\$20.88	\$38.99	\$18.81	\$24.13	\$21.89	\$26.73	\$21.19	\$37.65
Other	\$0.00	\$0.00	-\$12.12	-\$10.10	-\$9.06	-\$10.32	-\$9.89	-\$10.41	-\$8.27	-\$8.67	-\$7.68

Capitation	\$0.00	\$0.00	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04
Administration	\$0.00	\$0.00	-\$6.57	\$0.79	\$2.48	\$0.29	\$1.17	-\$0.51	\$6.87	\$6.12	\$7.75
Taxes & Fees	\$0.00	\$0.00	-\$5.21	-\$4.20	-\$3.57	-\$4.30	-\$4.08	-\$4.36	-\$3.26	-\$3.48	-\$2.90
Risk & Profit Charge	\$0.00	\$0.00	-\$5.49	-\$3.88	-\$2.57	-\$4.07	-\$3.64	-\$4.11	-\$2.31	-\$2.73	-\$1.54
Total Rate Increase	\$0.00	\$0.00	-\$36.48	-\$6.49	\$65.50	-\$14.55	\$5.90	-\$8.17	\$34.65	\$13.63	\$77.92
Member Cost Share Increase	\$0.00	\$0.00	-\$13.52	\$3.65	-\$29.04	-\$20.46	\$1.59	-\$21.51	\$54.00	\$31.74	-\$3.25

Average Current Rate PMPM	\$285.97	\$449.17	\$385.56	\$393.87	\$387.72	\$386.10	\$398.03	\$338.73	\$338.86	\$345.19
Projected Member Months	63,163	235	1,967	235	1,967	1,967	1,967	942	942	1,967

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	40586KY5640011	40586KY5470007	40586KY5470005	40586KY5470035	40586KY5470006	40586KY5470036	40586KY5470037	40586KY5470004	40586KY5470033	40586KY5470032
Plan Adjusted Index Rate	\$308.27	\$308.27									
Member Months	63,140	63,140									
Total Premium (TP)	\$19,464,105	\$19,464,105	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	100.00%	100.00%									
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%									
Other benefits portion of TP	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$26,760,322	\$26,760,322									
EHB Percent of TAC, [see instructions]	100.00%	100.00%									
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%									
Other benefits portion of TAC	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	\$5,513,472	\$5,513,472									
Portion of above payable by HHS's funds on behalt of insured person, in dollars	f \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	#DIV/0!								
Total Incurred claims, payable with issuer funds	\$21,246,850	\$21,246,850	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0.00										
Net Amt of Risk Adj	\$0.00										
Incurred Claims PMPM	\$336.50	\$336.50	#DIV/0!								
Allowed Claims PMPM	\$423.83	\$423.83		#DIV/0!							

| EHB portion of Allowed Claims, PMPM | \$423.83 | \$423.83 | #DIV/0! |
|-------------------------------------|----------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|

Plan ID (Standard Component ID):	Total	40586KY5640011	40586KY5470007	40586KY5470005	40586KY5470035	40586KY5470006	40586KY5470036	40586KY5470037	40586KY5470004	40586KY5470033	40586KY5470032
Plan Adjusted Index Rate	\$402.64		\$412.69	\$379.07	\$459.37	\$373.18	\$392.00	\$389.86	\$373.38	\$352.49	\$423.11
Member Months	63,163	1	235	1,967	235	1,967	1,967	1,967	942	942	1,967
Total Premium (TP)	\$25,432,165	\$0	\$96,982	\$745,629	\$107,951	\$734,038	\$771,064	\$766,858	\$351,722	\$332,041	\$832,256
lfor											
EHB Percent of TP, [see instructions]	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other											
than EHB	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$28,921,441		\$105,186	\$871,956	\$110,865	\$871,560	\$880,430	\$875,292	\$421,640	\$417,392	\$915,165
EHB Percent of TAC, [see instructions]	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are											
other than EHB	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
lig B											
Allowed Claims which are not the issuer's obligation	\$8,440,609		\$26,854	\$276,033	\$22,625	\$286,107	\$261,533	\$260,195	\$141,093	\$154,622	\$240,996
Portion of above payable by HHS's funds on behalf											
of insured person, in dollars	\$0										
Portion of above payable by HHS on behalf of											
insured person, as %	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$20,480,832	\$0	\$78,332	\$595,923	\$88,240	\$585,453	\$618,897	\$615,097	\$280,546	\$262,769	\$674,169
Net Amt of Rein	-\$142,117		-\$529	-\$4,426	-\$529	-\$4,426	-\$4,426	-\$4,426		-\$2,120	
Net Amt of Risk Adj	-\$9,474		-\$35	-\$295	-\$35	-\$295	-\$295	-\$295	-\$141	-\$141	-\$295
<u> </u>		,							T		
Incurred Claims PMPM	\$324.25	#DIV/0!	\$333.33	\$302.96	\$375.49	\$297.64	\$314.64	\$312.71		\$278.95	
Allowed Claims PMPM	\$457.89	#DIV/0!	\$447.60	\$443.29	\$471.77	\$443.09	\$447.60	\$444.99		\$443.09	
EHB portion of Allowed Claims, PMPM	\$457.89	#DIV/0!	\$447.60	\$443.29	\$471.77	\$443.09	\$447.60	\$444.99	\$447.60	\$443.09	\$465.26

Company Legal Name: KY

HIOS Issuer ID: Small Group

Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

	HSA with	HSA with	HSA without	HSA without	HSA without	HSA without	HRA with	HRA with	HRA with	HRA with
	Employer	Employer	Employer	Employer	Employer	Employer	Employer	Employer	Employer	Employer
Product	Contribution	Contribution	Contribution	Contribution	Contribution	Contribution	Contribution	Contribution	Contribution	Contribution
Product ID:	40586KY547	40586KY547	40586KY547	40586KY564	40586KY547	40586KY564	40586KY547	40586KY547	40586KY547	40586KY547
Metal:	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Platinum	Platinum	Gold	Gold
AV Metal Value	0.719	0.719	0.620	0.620	0.620	0.615	0.881	0.882	0.805	0.814
AV Pricing Value	0.750	0.714	0.662	0.648	0.653	0.637	0.939	0.926	0.926	0.884
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
	Bluegrass Silver	Bluegrass Silver	Bluegrass Bronze	Bluegrass Bronze	Bluegrass Bronze	Bluegrass Bronze	Platinum HRA	Platinum HRA	Bluegrass Gold	Bluegrass Gold
Plan Name	HSA 2800 20%	HSA 2800 50%	HSA 3250 50%	HSA 4700 20%	HSA 4300 30%	HSA 5000 20%	1500 20%	2000 20%	HRA 500 20%	HRA 500 40%
	Embedded Plan	Embedded Plan	Embedded Plan	Embedded Plan	Embedded Plan					
Plan ID (Standard Component ID):	40586KY5470003	40586KY5470034	40586KY5470002	40586KY5640002	40586KY5470001	40586KY5640027	40586KY5470012	40586KY5470029	40586KY5470010	40586KY5470027
Exchange Plan?	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No
Historical Rate Increase - Calendar Year - 2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year - 1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year 0	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%
Effective Date of Proposed Rates	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)	6.73%	-0.85%	10.40%	6.13%	7.11%	9.88%	2.41%	-0.66%	12.10%	8.47%
Cum'tive Rate Change % (over 12 mos prior)	6.73%	-0.85%	10.40%	6.13%	7.11%	9.88%	2.41%	-0.66%	12.10%	8.47%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	6.72%	-0.86%	10.40%	6.12%	7.11%	9.87%	2.41%	-0.67%	12.10%	8.46%

Plan ID (Standard Component ID):	Total	40586KY5470003	40586KY5470034	40586KY5470002	40586KY5640002	40586KY5470001	40586KY5640027	40586KY5470012	40586KY5470029	40586KY5470010	40586KY5470027
Inpatient	\$0.00	\$4.98	-\$0.85	\$3.89	\$2.88	\$3.14	\$4.27	\$6.20	\$3.84	\$13.22	\$2.58
Outpatient	\$0.00	-\$13.99	-\$20.59	-\$11.05	-\$13.99	-\$13.32	-\$11.28	-\$18.36	-\$21.89	-\$6.79	-\$18.44
Professional	\$0.00	\$15.94	\$12.83	\$17.28	\$11.87	\$13.20	\$13.34	\$17.30	\$14.36	\$20.01	\$15.11
Prescription Drug	\$0.00	\$23.56	\$16.85	\$19.69	\$18.65	\$18.96	\$19.59	\$29.82	\$27.32	\$36.19	\$49.46
Other	\$0.00	-\$8.46	-\$9.19	-\$7.24	-\$7.46	-\$7.43	-\$6.94	-\$11.27	-\$11.68	-\$9.49	-\$10.17

Capitation	\$0.00	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04
Administration	\$0.00	\$6.55	\$4.85	\$11.71	\$10.81	\$10.95	\$12.61	-\$4.05	-\$5.29	\$1.58	\$1.60
Taxes & Fees	\$0.00	-\$3.37	-\$3.72	-\$2.75	-\$2.92	-\$2.89	-\$2.66	-\$4.64	-\$4.86	-\$3.78	-\$3.87
Risk & Profit Charge	\$0.00	-\$2.53	-\$3.17	-\$1.60	-\$1.91	-\$1.85	-\$1.49	-\$4.41	-\$4.80	-\$2.96	-\$3.18
Total Rate Increase	\$0.00	\$22.72	-\$2.95	\$29.98	\$17.96	\$20.81	\$27.49	\$10.62	-\$2.98	\$48.03	\$33.14
Member Cost Share Increase	\$0.00	\$22.82	\$0.58	\$46.16	\$35.78	\$48.96	\$27.33	-\$12.82	-\$25.54	\$38.49	\$31.45
	1										
Average Current Rate PMPM	\$285.97	\$337.73	\$345.88	\$288.25	\$293.14	\$292.70	\$278.30	\$440.40	\$448.08	\$396.76	\$391.34
Projected Member Months	63,163	942	942	356	356	356	356	406	406	2,324	2,324

tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	40586KY5470003	40586KY5470034	40586KY5470002	40586KY5640002	40586KY5470001	40586KY5640027	40586KY5470012	40586KY5470029	40586KY5470010	40586KY5470027
Plan Adjusted Index Rate	\$308.27										
Member Months	63,140										
Total Premium (TP)	\$19,464,105	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	100.00%										
state mandated benefits portion of TP that are other than EHB	0.00%										
Other benefits portion of TP	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$26,760,322										
EHB Percent of TAC, [see instructions]	100.00%										
state mandated benefits portion of TAC that are other than EHB	0.00%										
Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	\$5,513,472										
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!							
Total Incurred claims, payable with issuer funds	\$21,246,850	\$0	,	,	,	\$0	,	,	# <i>D</i> 17/0:	,	,
Net Amt of Rein	\$0.00										
Net Amt of Risk Adj	\$0.00										
Incurred Claims PMPM	\$336.50	#DIV/0!	#DIV/0!	#DIV/0!							
Allowed Claims PMPM	\$423.83	#DIV/0!	#DIV/0!	#DIV/0!							

| EHB portion of Allowed Claims, PMPM | \$423.83 | #DIV/0! |
|-------------------------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|

Plan ID (Standard Component ID):	Total	40586KY5470003	40586KY5470034	40586KY5470002	40586KY5640002	40586KY5470001	40586KY5640027	40586KY5470012	40586KY5470029	40586KY5470010	40586KY5470027
Plan Adjusted Index Rate	\$402.64	\$360.45	\$342.93	\$318.23	\$311.10	\$313.52	\$305.79	\$451.02	\$445.10	\$444.79	\$424.48
Member Months	63,163	942	942	356	356	356	356	406	406	2,324	2,324
Total Premium (TP)	\$25,432,165	\$339,541	\$323,042	\$113,291	\$110,753	\$111,612	\$108,861	\$183,114	\$180,710	\$1,033,685	\$986,492
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other											
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$28,921,441	\$417,581	\$413,369	\$154,401	\$150,215	\$151,789	\$149,019	\$190,314	\$187,816	\$1,118,679	\$1,112,114
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are											
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$8,440,609	\$148,037	\$158,727	\$66,109	\$64,217	\$65,014	\$64,728	\$40,926	\$40,600	\$276,647	\$312,710
Portion of above payable by HHS's funds on behalf											
of insured person, in dollars	\$0										
Portion of above payable by HHS on behalf of											
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$20,480,832	\$269,544	\$254,641	\$88,292	\$85,999	\$86,775	\$84,290	\$149,388	\$147,216	\$842,031	\$799,404
Net Amt of Rein	-\$142,117	-\$2,120	-\$2,120	-\$801	-\$801	-\$801	-\$801	-\$914	-\$914	-\$5,229	-\$5,229
Net Amt of Risk Adj	-\$9,474	-\$141	-\$141	-\$53	-\$53	-\$53	-\$53	-\$61	-\$61	-\$349	-\$349
Incurred Claims PMPM	\$324.25	\$286.14	\$270.32	\$248.01	\$241.57	\$243.75	\$236.77	\$367.95	\$362.60	\$362.32	
Allowed Claims PMPM	\$457.89	\$443.29	\$438.82	\$433.71	\$421.95	\$426.37	\$418.59	\$468.75	\$462.60	\$481.36	\$478.53
EHB portion of Allowed Claims, PMPM	\$457.89	\$443.29	\$438.82	\$433.71	\$421.95	\$426.37	\$418.59	\$468.75	\$462.60	\$481.36	\$478.53

Company	Legal	Name:
Company	-cga:	· ·uiiic.

HIOS Issuer ID:

Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

	PPO without	PPO without	HRA with	PPO without	HRA with	PPO without				
	Employer	Employer	Employer							
Product	Contribution	Contribution	Contribution							
Product ID:	40586KY563	40586KY563	40586KY547	40586KY547	40586KY547	40586KY547	40586KY547	40586KY563	40586KY547	40586KY563
Metal:	Gold	Silver	Silver	Silver						
AV Metal Value	0.792	0.793	0.811	0.783	0.784	0.803	0.794	0.708	0.720	0.698
AV Pricing Value	0.977	0.983	0.878	0.853	0.854	0.837	0.837	0.846	0.785	0.842
Plan Type:	PPO	PPO	PPO							
	Bluegrass Gold	Bluegrass Silver	Bluegrass Silver	Bluegrass Silver						
Plan Name	PPO 800 20%	PPO 850 10%	HRA 1000 30%	HRA 1500 30%	HRA 2000 20%	HRA 2500 30%	HRA 3000 20%	PPO 2700 30%	HRA 3000 30%	PPO 3300 20%
	Embedded Plan	Embedded Plan	Embedded Plan							
Plan ID (Standard Component ID):	40586KY5630004	40586KY5630006	40586KY5470011	40586KY5470030	40586KY5470028	40586KY5470031	40586KY5470025	40586KY5630007	40586KY5470026	40586KY5630002
Exchange Plan?	No	Yes	Yes	No	Yes	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year - 1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year 0	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%
Effective Date of Proposed Rates	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)	11.58%	13.23%	7.10%	6.18%	6.63%	1.36%	1.62%	6.35%	7.80%	6.09%
Cum'tive Rate Change % (over 12 mos prior)	11.58%	13.23%	7.10%	6.18%	6.63%	1.36%	1.62%	6.35%	7.80%	6.09%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!							
Product Threshold Rate Increase %	11.58%	13.22%	7.10%	6.18%	6.62%	1.36%	1.62%	6.35%	7.79%	6.09%

Plan ID (Standard Component ID):	Total	40586KY5630004	40586KY5630006	40586KY5470011	40586KY5470030	40586KY5470028	40586KY5470031	40586KY5470025	40586KY5630007	40586KY5470026	40586KY5630002
Inpatient	\$0.00	\$12.87	\$30.41	\$5.83	\$4.89	\$8.50	\$1.74	\$5.16	\$4.81	\$4.70	\$7.99
Outpatient	\$0.00	-\$8.17	-\$19.90	-\$15.40	-\$16.16	-\$12.19	-\$20.91	-\$17.18	-\$15.50	-\$14.27	-\$12.37
Professional	\$0.00	\$25.30	\$24.26	\$14.62	\$13.25	\$14.05	\$9.38	\$10.01	\$12.86	\$12.36	\$12.93
Prescription Drug	\$0.00	\$36.97	\$37.38	\$39.04	\$37.08	\$29.80	\$33.53	\$26.27	\$36.66	\$33.96	\$29.00
Other	\$0.00	-\$10.17	-\$9.74	-\$10.01	-\$9.88	-\$9.57	-\$10.44	-\$10.15	-\$9.78	-\$8.92	-\$9.52

Capitation	\$0.00	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04
Administration	\$0.00	-\$0.76	-\$0.19	\$1.15	\$1.81	\$1.98	\$0.09	\$0.24	\$2.22	\$5.52	\$2.24
Taxes & Fees	\$0.00	-\$4.04	-\$3.94	-\$3.95	-\$3.90	-\$3.87	-\$4.21	-\$4.18	-\$3.85	-\$3.46	-\$3.86
Risk & Profit Charge	\$0.00	-\$3.33	-\$3.15	-\$3.32	-\$3.27	-\$3.22	-\$3.82	-\$3.78	-\$3.20	-\$2.63	-\$3.21
Total Rate Increase	\$0.00	\$48.72	\$55.18	\$27.99	\$23.86	\$25.50	\$5.40	\$6.42	\$24.26	\$27.28	\$23.24
Member Cost Share Increase	\$0.00	\$6.09	-\$1.37	\$27.76	\$26.27	\$22.97	\$6.73	\$3.32	\$12.75	\$36.66	\$9.58
Average Current Rate PMPM	\$285.97	\$420.65	\$417.12	\$394.05	\$385.92	\$384.84	\$396.76	\$395.68	\$381.97	\$349.80	\$381.38
Projected Member Months	63,163	1,596	1,596	2,324	2,324	2,324	2,324	2,324	544	3,570	544

tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	40586KY5630004	40586KY5630006	40586KY5470011	40586KY5470030	40586KY5470028	40586KY5470031	40586KY5470025	40586KY5630007	40586KY5470026	40586KY5630002
Plan Adjusted Index Rate	\$308.27										
Member Months	63,140										
Total Premium (TP)	\$19,464,105	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	100.00%										
state mandated benefits portion of TP that are other											
than EHB	0.00%										
Other benefits portion of TP	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$26,760,322										
EHB Percent of TAC, [see instructions]	100.00%										
state mandated benefits portion of TAC that are											
other than EHB	0.00%										
Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issued a phigation.	ĆE 542 472										
Allowed Claims which are not the issuer's obligation: Portion of above payable by HHS's funds on behalf	\$5,513,472										
of insured person, in dollars		ćo	\$0	ćo	ćo	\$0	¢0	ćo	\$0	ćo	ćo
Portion of above payable by HHS on behalf of	\$0	\$0	ŞU	\$0	\$0	ŞU	\$0	\$0	ŞU	\$0	\$0
insured person, as %	0.00%	#DIV/0!									
Total Incurred claims, payable with issuer funds	\$21,246,850	\$0		\$0	•	\$0	•		\$0		<i>'</i>
Net Amt of Rein	\$0.00										
Net Amt of Risk Adj	\$0.00										
Incurred Claims PMPM	\$336.50	#DIV/0!									
Allowed Claims PMPM	\$423.83	#DIV/0!									

| EHB portion of Allowed Claims, PMPM | \$423.83 #DIV/0! | #DIV/0! |
|-------------------------------------|------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|

Plan ID (Standard Component ID):	Total	40586KY5630004	40586KY5630006	40586KY5470011	40586KY5470030	40586KY5470028	40586KY5470031	40586KY5470025	40586KY5630007	40586KY5470026	40586KY5630002
Plan Adjusted Index Rate	\$402.64	\$469.37	\$472.30	\$422.04	\$409.78	\$410.34	\$402.16	\$402.09	\$406.23	\$377.08	\$404.62
Member Months	63,163	1,596	1,596	2,324	2,324	2,324	2,324	2,324	544	3,570	544
Total Premium (TP)	\$25,432,165	\$749,118	\$753,787	\$980,814	\$952,331	\$953,624	\$934,620	\$934,459	\$220,989	\$1,346,185	\$220,114
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other											
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$28,921,441	\$763,321	\$759,549	\$1,096,292	\$1,080,878	\$1,072,887	\$1,058,857	\$1,050,586	\$247,329	\$1,613,766	\$245,032
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are											
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$8,440,609	\$149,617	\$141,628	\$302,017	\$312,329	\$303,170	\$306,305	\$298,181	\$69,172	\$538,604	\$67,666
Portion of above payable by HHS's funds on behalf											
of insured person, in dollars	\$0										
Portion of above payable by HHS on behalf of											
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$20,480,832	\$613,704	\$617,921	\$794,275	\$768,549	\$769,716	\$752,551	\$752,405	\$178,156	\$1,075,163	\$177,366
Net Amt of Rein	-\$142,117	-\$3,591	-\$3,591	-\$5,229		-\$5,229	-\$5,229	-\$5,229	-\$1,224	-\$8,033	
Net Amt of Risk Adj	-\$9,474	-\$239	-\$239	-\$349	-\$349	-\$349	-\$349	-\$349	-\$82	-\$536	-\$82
Incurred Claims PMPM	\$324.25	\$384.53	\$387.17	\$341.77	\$330.70	\$331.20	\$323.82	\$323.75	\$327.49	\$301.17	
Allowed Claims PMPM	\$457.89	\$478.27	\$475.91	\$471.73	\$465.09	\$461.66	\$455.62	\$452.06	\$454.65	\$452.04	\$450.43
EHB portion of Allowed Claims, PMPM	\$457.89	\$478.27	\$475.91	\$471.73	\$465.09	\$461.66	\$455.62	\$452.06	\$454.65	\$452.04	\$450.43

Company Ecgar Name	Company	Legal	Name:
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HIOS Issuer ID:

Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

	HRA with	HRA with	PPO without	HMO without	HSA without	HSA without	HSA without	PPO without	PPO without	HMO without
	Employer	Employer	Employer	Employer						
Product	Contribution	Contribution	Contribution	Contribution						
Product ID:	40586KY547	40586KY547	40586KY563	40586KY581	40586KY578	40586KY578	40586KY578	40586KY579	40586KY579	40586KY581
Metal:	Silver	Gold	Gold	Gold						
AV Metal Value	0.712	0.710	0.714	0.714	0.687	0.709	0.687	0.820	0.783	0.783
AV Pricing Value	0.784	0.773	0.925	0.827	0.751	0.781	0.761	1.025	0.964	0.859
Plan Type:	PPO	PPO	PPO	HMO	PPO	PPO	PPO	PPO	PPO	HMO
	Bluegrass Silver	Bluegrass Silver	Bluegrass Silver	HMO 5000 20%	Bluegrass Silver	Bluegrass Silver	Bluegrass Silver	Bluegrass Gold	Bluegrass Gold	HMO 2000 20%
Plan Name	HRA 3500 20%	HRA 3500 30%	PPO 5000 20%	Embedded Baptist	HSA 3000 20%	HSA 3000 10%	HSA 4000 0%	PPO 1000 20%	PPO 2000 20%	Embedded Baptist
	Embedded Plan	Embedded Plan	Embedded Plan	Health Community	Embedded Plan	Embedded Plan	Embedded Plan	Embedded Plan	Embedded Plan	Health Community
Plan ID (Standard Component ID):	40586KY5470008	40586KY5470009	40586KY5630005	40586KY5810002	40586KY5780001	40586KY5780002	40586KY5780003	40586KY5790001	40586KY5790002	40586KY5810001
Exchange Plan?	No	No	Yes	Yes	Yes	No	No	No	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year - 1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year 0	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%	8.15%
Effective Date of Proposed Rates	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)	8.14%	7.11%	16.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	8.14%	7.11%	16.71%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!						
Product Threshold Rate Increase %	8.13%	7.11%	16.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Plan ID (Standard Component ID):	Total	40586KY5470008	40586KY5470009	40586KY5630005	40586KY5810002	40586KY5780001	40586KY5780002	40586KY5780003	40586KY5790001	40586KY5790002	40586KY5810001
Inpatient	\$0.00	\$7.88	\$4.14	\$32.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$0.00	-\$10.76	-\$14.81	-\$15.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	\$0.00	\$12.94	\$11.58	\$18.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$0.00	\$27.18	\$32.92	\$39.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	-\$8.64	-\$8.88	-\$8.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Capitation	\$0.00	\$0.04	\$0.04	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$5.71	\$5.74	\$3.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.00	-\$3.43	-\$3.45	-\$3.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	-\$2.58	-\$2.63	-\$2.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$28.34	\$24.65	\$63.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$33.28	\$36.05	-\$11.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Average Current Rate PMPM	\$285.97	\$348.19	\$346.58	\$380.80							
Projected Member Months	63,163	3,570	3,570	544	2,134	942	942	942	1,596	1,596	4,180

tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	40586KY5470008	40586KY5470009	40586KY5630005	40586KY5810002	40586KY5780001	40586KY5780002	40586KY5780003	40586KY5790001	40586KY5790002	40586KY5810001
Plan Adjusted Index Rate	\$308.27										
Member Months	63,140										
Total Premium (TP)	\$19,464,105	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	100.00%										
state mandated benefits portion of TP that are other											
than EHB	0.00%										
Other benefits portion of TP	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$26,760,322										
EHB Percent of TAC, [see instructions]	100.00%										
state mandated benefits portion of TAC that are											
other than EHB	0.00%										
Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	\$5,513,472										
Portion of above payable by HHS's funds on behalf		4	4.5	4.5	4.5			4	4.5	4.5	4.5
of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of											
insured person, as %	0.00%	#DIV/0!									
Total Incurred claims, payable with issuer funds	\$21,246,850	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0.00										
Net Amt of Risk Adj	\$0.00										
,	7										
Incurred Claims PMPM	\$336.50	#DIV/0!									
Allowed Claims PMPM	\$423.83	#DIV/0!									

| EHB portion of Allowed Claims, PMPM | \$423.83 | #DIV/0! |
|-------------------------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|

Plan ID (Standard Component ID):	Total	40586KY5470008	40586KY5470009	40586KY5630005	40586KY5810002	40586KY5780001	40586KY5780002	40586KY5780003	40586KY5790001	40586KY5790002	40586KY5810001
Plan Adjusted Index Rate	\$402.64	\$376.53	\$371.23	\$444.45	\$397.11	\$360.98	\$374.99	\$365.79	\$492.39	\$463.23	\$412.54
Member Months	63,163	3,570	3,570	544	2,134	942	942	942	1,596	1,596	4,180
Total Premium (TP)	\$25,432,165	\$1,344,200	\$1,325,302	\$241,778	\$847,428	\$340,043	\$353,244	\$344,571	\$785,851	\$739,314	\$1,724,434
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other											
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$28,921,441	\$1,600,938	\$1,600,944	\$253,518	\$998,194	\$415,462	\$419,181	\$417,270	\$766,102	\$749,725	\$1,970,695
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are											
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$8,440,609	\$527,569	\$544,645	\$56,584	\$316,908	\$145,465	\$137,260	\$143,182	\$119,220	\$144,876	\$577,934
Portion of above payable by HHS's funds on behalf											
of insured person, in dollars	\$0										
Portion of above payable by HHS on behalf of											
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$20,480,832	\$1,073,369	\$1,056,299	\$196,934	\$681,287	\$269,997	\$281,921	\$274,087	\$646,883	\$604,849	\$1,392,761
Net Amt of Rein	-\$142,117	-\$8,033	-\$8,033	-\$1,224	-\$4,802	-\$2,120	-\$2,120	-\$2,120	-\$3,591	-\$3,591	-\$9,405
Net Amt of Risk Adj	-\$9,474	-\$536	-\$536	-\$82	-\$320	-\$141	-\$141	-\$141	-\$239	-\$239	-\$627
Incurred Claims PMPM	\$324.25	\$300.66	\$295.88	\$362.01	\$319.25	\$286.62	\$299.28	\$290.96	\$405.31	\$378.98	
Allowed Claims PMPM	\$457.89	\$448.44	\$448.44	\$466.03	\$467.76	\$441.04	\$444.99	\$442.96	\$480.01	\$469.75	\$471.46
EHB portion of Allowed Claims, PMPM	\$457.89	\$448.44	\$448.44	\$466.03	\$467.76	\$441.04	\$444.99	\$442.96	\$480.01	\$469.75	\$471.46

HIOS Issuer ID:

Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

	PPO without				
	Employer	Employer	Employer	Employer	Employer
Product	Contribution	Contribution	Contribution	Contribution	Contribution
Product ID:	40586KY579	40586KY579	40586KY579	40586KY579	40586KY579
Metal:	Silver	Silver	Silver	Silver	Silver
AV Metal Value	0.720	0.719	0.693	0.685	0.685
AV Pricing Value	0.870	0.873	0.835	0.826	0.845
Plan Type:	PPO	PPO	PPO	PPO	PPO
	Bluegrass Silver				
Plan Name	PPO 2500 25%	PPO 3000 20%	PPO 4000 25%	PPO 3000 25%	PPO 6000 0%
	Embedded Plan				
Plan ID (Standard Component ID):	40586KY5790003	40586KY5790004	40586KY5790005	40586KY5790006	40586KY5790007
Exchange Plan?	No	Yes	No	No	Yes
Historical Rate Increase - Calendar Year - 2	0.00%	0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year - 1	0.00%	0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year 0	8.15%	8.15%	8.15%	8.15%	8.15%
Effective Date of Proposed Rates	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	0.00%	0.00%	0.00%	0.00%	0.00%

Plan ID (Standard Component ID):	Total	40586KY5790003	40586KY5790004	40586KY5790005	40586KY5790006	40586KY5790007
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$285.97					
Projected Member Months	63,163	544	544	544	544	544

tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	40586KY5790003	40586KY5790004	40586KY5790005	40586KY5790006	40586KY5790007
Plan Adjusted Index Rate	\$308.27					
Member Months	63,140					
Total Premium (TP)	\$19,464,105	\$0	\$0	\$0	\$0	\$0
EUR Round of TR foot industrial	100,000					
EHB Percent of TP, [see instructions]	100.00%					
state mandated benefits portion of TP that are other						
than EHB	0.00%					
Other benefits portion of TP	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$26,760,322					
SUB Descript of TAC (see in the setional)	100.00%					
EHB Percent of TAC, [see instructions]	100.00%					
state mandated benefits portion of TAC that are						
other than EHB	0.00%					
Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	\$5,513,472					
Portion of above payable by HHS's funds on behalf						
of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of						
insured person, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	\$21,246,850	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0.00					
Net Amt of Risk Adj	\$0.00					
,	7555					
Incurred Claims PMPM	\$336.50	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	\$423.83	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

EHB portion of Allowed Claims, PMPM	\$123.83	#DIV/0I	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/01
LITE portion of Allowed Claims, Fivirio	\$423.83	#DIV/U:	#DIV/U:	#DIV/U:	#DIV/0:	#DIV/0:

Plan ID (Standard Component ID):	Total	40586KY5790003	40586KY5790004	40586KY5790005	40586KY5790006	40586KY5790007
Plan Adjusted Index Rate	\$402.64	\$418.04	\$419.35	\$401.17	\$396.75	\$405.71
Member Months	63,163	544	544	544	544	544
Total Premium (TP)	\$25,432,165	\$227,414	\$228,125	\$218,235	\$215,833	\$220,707
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other						
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$28,921,441	\$248,407	\$247,025	\$244,189	\$243,079	\$243,433
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are						
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$8,440,609	\$64,448	\$62,423	\$68,521	\$69,580	\$65,531
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0					
Portion of above payable by HHS on behalf of						
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$20,480,832	\$183,960	\$184,601	\$175,669	\$173,499	\$177,902
Net Amt of Rein	-\$142,117	-\$1,224	-\$1,224	-\$1,224	-\$1,224	-\$1,224
Net Amt of Risk Adj	-\$9,474	-\$82	-\$82	-\$82	-\$82	-\$82
Incurred Claims PMPM	\$324.25	\$338.16	\$339.34	\$322.92	\$318.93	\$327.03
Allowed Claims PMPM	\$457.89	\$456.63	\$454.09	\$448.88	\$446.84	\$447.49
EHB portion of Allowed Claims, PMPM	\$457.89	\$456.63	\$454.09	\$448.88	\$446.84	\$447.49